

HOUSE KEYS 4 EMPLOYEES PROGRAM (HK4E)

Employer Participation Agreement

Name of Employer: _____

Contact Person: _____
Name Title

Address: _____

Phone: _____ Fax: _____

Email address: _____

The employer referenced above hereby agrees to:

1. Participate in the Maryland Department of Housing and Community Development's (DHCD) House Keys 4 Employees Program (HK4E);
2. Provide financial assistance to eligible employees to be made available at settlement; and,
3. Carry out these activities in accordance with the attached Department's HK4E Program Guidelines as may be amended from time to time by DHCD in its sole discretion.

By: _____ (SEAL)
Employer's Authorized Representative

Date: _____

Printed Name: _____

Title: _____

Please provide the information requested below to complete your House Keys 4 Employees Program (HK4E) agreement. Additional pages may be attached if necessary.

1. **Total number of employees** _____

2. **Approximate number of employees anticipated to be assisted annually through HK4E.** _____

3. **Type of Assistance to be provided:** Please describe the type of assistance you will provide to employees. Will the assistance be in the form of a loan or a grant and what amount do you plan on contributing (if known at this time)? If it will be a loan, please describe the interest rate and terms of the loan.

(Continued)

HOUSE KEYS 4 EMPLOYEES PROGRAM (HK4E)

Employer Participation Agreement Continued

4. Plans for marketing the program: Please describe your plans for marketing this program to your employees.

CDA may close HK4E or modify the terms of HK4E at any time if it determines it is in its best interest. If CDA closes HK4E, it will notify the employer in writing at least 30 days prior to closing HK4E. CDA will honor all HK4E applications from employees with a Verification of Partner Contribution from the Participating Employer in place prior to notification by CDA of the closing of HK4E.

If you have any questions, please call the Partner Match Program Manager at 410-514-7530 or send email to singlefamilyhousing@mdhousing.org.

Return completed Employer Participation Agreement to:

Partner Match Program Manager
CDA Single Family Programs
Maryland Department of Housing and
Community Development
100 Community Place
Crownsville MD 21032
Fax: 410-987-4136